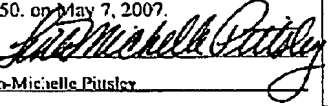
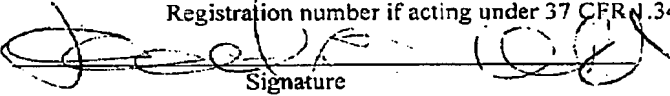


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 700157-048012-RCE2										
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being faxed to the U.S. PTO General Facsimile No. (571) 273-8300 address to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 7, 2007. Signature:  Name: Tina-Michelle Piusley	In re Application of David E. Fisher											
	Application Number 09/229,283 Filed 01/13/1999											
	For USE OF MICROPHTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR TREATMENT OF MELANOMA											
	Group Art Unit 1642	Examiner Susan NMN UNGAR										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td>\$ 60.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td><td>\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0850</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p> _____ Signature Date <u>Ronald I. Eisenstein (Reg. No. 30,628)/Leena H. Karttunen (1,0207)</u> <u>May 7, 2007</u> Typed or printed name Telephone Number <u>617-345-6054/617-345-1367</u></p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ 60.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ 60.00											
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$											

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